

COAST GUARD PHYSICAL DISABILITY EVALUATION BOARD FINDINGS AND RECOMMENDED DISPOSITION

1. PBD: _____ ADBD: _____		SECTION I - DATA CONCERNING EVALUEE							
2. NAME (Last, First, Middle)			3. GRADE OR RATE		4. BOARD TYPE <input type="checkbox"/> CPEB <input type="checkbox"/> FPEB		5. DATE		
6. SOCIAL SECURITY NO.		7. CREDITABLE SERVICE FOR RETIREMENT				8. AGE OF EVALUEE		9. STATUS (Check one)	
		DATE	YEARS	MONTHS	DAYS	YEARS	MONTHS	<input type="checkbox"/> USCG <input type="checkbox"/> USCGR	

SECTION II - FINDINGS

FINDINGS	(N) WILLFUL NEGLECT (M) INTENTIONAL MISCONDUCT (A) UN- AUTHORIZED ABSENCE	INCURRED WHILE ENTITLED TO RECEIVE BASIC PAY. (YES OR NO)	PROXIMATE RESULT OF PERFORM- ANCE OF ACTIVE DUTY OR IN- ACTIVE DUTY TRAINING OR INCURRED IN LINE OF DUTY DURING WAR OR NATIONAL EMERGENCY. (YES OR NO)	PERMANENT (YES OR NO)	MAY BE PERMANENT (YES OR NO)	DISABILITY IS COMBAT RELATED (YES OR NO)	DISABILITY RESULT OF INSTRUMENTALITY OF WAR (YES OR NO)	DISABILITY PERCENTAGE	VASRD DIAG- NOSTIC CODE NUMBER
10.	11.	12.	13.	14.	15.	16.	17.	18.	19.

20. ☐ COMBINED PERCENTAGE OF DISABILITY

21. ☐ YES ☐ NO MENTALLY INCOMPETENT OR DISCLOSURE TO THE EVALUEE OF INFORMATION RELATIVE TO HIS/HER PHYSICAL OR MENTAL CONDITION WOULD ADVERSELY AFFECT PHYSICAL OR MENTAL HEALTH.
22. ☐ YES ☐ NO PHYSICALLY AND/OR MENTALLY UNFIT. SUBSTANTIAL EVIDENCE DEMONSTRATES THAT EVALUEE CANNOT PERFORM REGULAR OR CUSTOMARY ASSIGNED DUTIES.
- NOTICE: MEDICAL CONDITIONS THAT A LAYPERSON DOES NOT NOW VISIBLY RECOGNIZE OR IN THE NEAR FUTURE WILL NOT VISIBLY RECOGNIZE AS AFFECTING AN EVALUEE'S PERFORMANCE DO NOT RENDER AN EVALUEE UNFIT.

SECTION III - RECOMMENDED DISPOSITION

23. ☐ CHECK APPROPRIATE BOX

☐ RETURN TO DUTY ☐ TEMPORARY RETIREMENT ☐ PERMANENT RETIREMENT ☐ SEPARATION WITH SEVERANCE PAY ☐ SEPARATION WITHOUT SEVERANCE PAY

SECTION IV - EVALUEE RESPONSE TO CPEB

NOTICE TO EVALUEE: THE EVALUEE IS REQUIRED TO TAKE ACTION TO ACCEPT OR REJECT THESE FINDINGS WITHIN 30 DAYS OF THE DATE IN BLOCK 5. OTHERWISE, ACTION WILL PROCEED ON THE CPEB FINDINGS AND RECOMMENDATIONS IN ACCORDANCE WITH PARAGRAPH 4.C., PHYSICAL DISABILITY EVALUATION SYSTEM, COMDTINST M1850.2 (SERIES).

☐ I accept the tentative CPEB findings and recommended disposition and waive my right to a formal hearing.

(Signature of Evaluee) _____
(Date)

☐ I reject the tentative CPEB findings and recommended disposition and demand a formal hearing.

(Signature of Evaluee) _____
(Date)

☐ Request for retention with command endorsement submitted directly to CGPC (epm) or CGPC (opm) IAW Chap 17, CG Persman, COMDTINST M1000.6 (series)

SECTION V - EVALUEE RESPONSE TO FPEB

I hereby acknowledge receipt of the recommended findings of the Formal Physical Evaluation Board.

I ☐ do ☐ do not intend to submit a rebuttal. I further ☐ do ☐ do not waive the 15 working day waiting period.

(Signature of Evaluee)

(Date)

SECTION VI - SIGNATURE OF BOARD MEMBERS

TYPED NAME AND GRADE OF BOARD PRESIDENT	SIGNATURE	DATE
TYPED NAME AND GRADE OF MEDICAL MEMBER	SIGNATURE	DATE
TYPED NAME AND GRADE OF MILITARY MEMBER	SIGNATURE	DATE
TYPED NAME AND GRADE OF RESERVIST OR OTHER MEMBER	SIGNATURE	DATE

SECTION VII - REBUTTAL FOLLOWING FORMAL PHYSICAL EVALUATION BOARD HEARING

- ☐ REBUTTAL RECEIVED AND ATTACHED TO THE RECORD
☐ PERIOD DURING WHICH REBUTTAL MAY BE FILED HAS ELAPSED AND NO REBUTTAL HAS BEEN RECEIVED
☐ EVALUEE HAS INDICATED IN SECTION V THAT HE/SHE WILL NOT FILE A REBUTTAL
☐ RIGHT TO FILE A REBUTTAL IS FORFEITED. EVALUEE DID NOT NOTIFY THE FPEB IN WRITING WITHIN 3 DAYS OF FINAL ADJOURNMENT OF INTENT TO FILE REBUTTAL

SECTION VIII - ACTION OF THE PHYSICAL REVIEW COUNSEL**DECISION**

- ☐ CONCUR WITH PHYSICAL DISABILITY EVALUATION BOARD
☐ RETURN TO FPEB
☐ OTHER _____

NOTED ERROR OR OMISSION

- ☐ INCORRECT ASSIGNMENT OF VASRD CODE(S)
☐ PYRAMIDING OF IMPAIRMENTS
☐ INCORRECT PERCENTAGE OF DISABILITY ASSIGNED TO THE VASRD DESCRIPTIVE DIAGNOSIS/CODE(S)
☐ INSUFFICIENT EVIDENCE TO SUPPORT THE FINDINGS AND RECOMMENDED DISPOSITION.

SIGNATURE OF PHYSICAL REVIEW COUNSEL

DATE

SECTION IX - ACTION OF THE CHIEF COUNSEL

THE PROCEEDINGS ARE IN ACCEPTED FORM AND ARE TECHNICALLY CORRECT	YES <input type="checkbox"/>	NO <input type="checkbox"/>
THE FINDINGS ARE SUPPORTED BY THE EVIDENCE OF RECORD	YES <input type="checkbox"/>	NO <input type="checkbox"/>
THE RECOMMENDED DISPOSITION IS SUPPORTED BY THE EVIDENCE OF RECORD	YES <input type="checkbox"/>	NO <input type="checkbox"/>
ADDITIONAL COMMENTS ARE ATTACHED	YES <input type="checkbox"/>	NO <input type="checkbox"/>

SIGNATURE OF CHIEF COUNSEL

DATE

SECTION X - ACTION OF THE FINAL APPROVING AUTHORITY (FOR THE COMMANDANT)

FINAL ACTION: The findings and recommendations of the Physical Disability Evaluation Board are approved.

SIGNATURE AND TITLE OF THE FINAL APPROVING AUTHORITY (FOR THE COMMANDANT)

DATE